



A Survey about Children Newly Enrolled in North Carolina Health Choice

Statement of Confidentiality

The information that you provide is confidential. The number at the top of this page allows us to keep track of surveys as they are returned so we do not send it to you again. We will not share any information that would help identify you. That includes your name and address. We will only use that information to help us organize our study. We will combine your answers with those from other parents who fill out the survey. We will report results for groups of children but will not report individual results for your child, for you or for your family.

This study is supported by a contract from the North Carolina Department of Human Resources to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

This is a survey to learn about your son, his health and his health care before he got insurance through NC Health Choice.

For each question, please make sure you are answering for the time period before NC Health Choice. Some questions will ask for you to answer for the six months before your son got NC Health Choice. Some will ask for information in general before he got NC Health Choice.



Tell us about your son's health.

1. How would you describe your son's health before he got NC Health Choice? *(circle the number that matches your answer)*

..... 4 3 2 1
excellent good fair poor

2. In the six months before he got NC Health Choice, how often, if ever, did your son's health limit his activities?
(circle the number that matches your answer)

..... 5 4 3 2 1
never just a few times some of the time a lot of the time all of the time

3. In the six months before he got NC Health Choice, how much have you worried about your son's health?
(circle the number that matches your answer)

..... 4 3 2 1
a lot some a little not at all

4. In the six months before he got NC Health Choice, about how many days of school or child care did your son miss due to his health?

_____ days

☐ Check here if your son was not in school or day care and skip to question 7

5. Was your son in: *(circle one)*

1. day care or preschool? ➡ **If you circled "1", skip to question 7**
2. elementary, middle, or high school?

6. In the six months before he got NC Health Choice, how often, if ever, did your son's health affect his ability to do schoolwork?
(circle the number that matches your answer)

..... 5 4 3 2 1
never just a few times some of the time a lot of the time all of the time



Tell us about your son's health care before he got NC Health Choice.

This section is about Medical Care

7. Before he got NC Health Choice, when your son was not sick but you wanted to take him for a check-up (well child care), where would you go?
1. he doesn't have a doctor for regular check-ups
 2. health department
 3. community health center or other community health clinic
 4. hospital clinic
 5. private doctor's office
 6. other (please tell us where) _____
8. How long has it been since your son's last check-up when he was not sick?
1. less than a year
 2. more than a year
 3. he does not get regular check-ups
9. Before he got NC Health Choice, where would you take your son for care when he was sick or had an on-going health problem?
1. health department
 2. community health center or other community health clinic
 3. hospital clinic
 4. private doctor's office
 5. emergency room
 6. other (please tell us where) _____
10. In the six months before he got NC Health Choice, about how many times did your son go to a doctor's office or clinic when he was sick?
- _____ # of visits
11. Before he got NC Health Choice, when your son was sick and you decided that he needed to see a doctor, how long did it usually take to get seen? Do not include visits to the emergency room in your answer.
1. he could usually get seen that day
 2. he could usually get seen by the next day
 3. he could usually get seen within a week
 4. it usually took longer than a week to get him seen

12. In the past six months did your son go to an emergency room when he was sick or injured?

1. yes 0. no ➡ **If you circled no, skip to question 14**

13. If yes, please tell us how many times and what kind of problems he went to the emergency room for:

of visits _____

Problems visit 1: _____
 visit 2: _____
 visit 3: _____
 visit 4: _____
 visit 5: _____

14. About how many times in the past six months did your son have to stay in a hospital?

_____ # of times

15. In the six months before he got NC Health Choice, were there any times that you thought your son needed **medical care** but he could not get it?

1. yes 0. no ➡ **If you circled no, skip to question 17**

16. Why could you not get medical care for your son?

1. my son did not have insurance that would pay for the care
2. I did not have enough money to pay for the care
3. I could not get an appointment
4. I did not have transportation
5. the doctor's office or clinic wasn't open at a convenient time
6. other (please describe) _____

This section is about Dental Care before your son got NC Health Choice

17. How long has it been since your son's last visit to a dentist?

1. less than a year
2. more than a year
3. he does not go to the dentist ➡ **If you circled "3", skip to question 20**

18. Where do you usually take your son for dental care?

1. dental clinic at health department
2. dental clinic at a community health center or other community clinic
3. UNC dental school clinic
4. a hospital emergency room
5. private dentist's office
6. no usual place, I take him wherever I can get care
7. other (please tell us where) _____

19. How long does it take to get there from home?

_____ minutes

20. In the six months before your son got NC Health Choice, were there any times that you thought your son needed **dental care** but he could not get it?

1. yes 0. no ➡ **If you circled no, skip to question 22**

21. Why could you not get dental care for your son?

1. my son did not have insurance that would pay for the care
2. I did not have enough money to pay for the care
3. I could not find a dentist who would see him
4. I did not have transportation
5. the dentist's office or clinic wasn't open at a convenient time
6. other (please describe) _____

This section is about Other Health Services before your son got NC Health Choice

22. In the six months before your son got NC Health Choice, did a doctor or clinic prescribe medicine for him?

1. yes 0. no ➡ **If you circled no, skip to question 25**

23. Were there any times that you could NOT get the medicine?

1. yes 0. no ➡ **If you circled no, skip to question 25**

24. Why could you not get the medicine for your son?

1. my son did not have insurance that would pay for it
2. I did not have enough money to pay for it
3. I could not get to the pharmacy
4. other (please describe) _____

25. Before your son got NC Health Choice, were you ever told that he needed eyeglasses?

1. yes 0. no ➡ **If you circled no, skip to question 28**

26. Were you able to get the eyeglasses for him?

0. no 1. yes ➡ **If you circled yes, skip to question 28**

27. Why could you not get the eyeglasses for your son?

1. my son did not have insurance that would pay for it
2. I did not have enough money to pay for it
3. other (please describe) _____

A few more questions about your son's health and health care before he got NC Health Choice

28. Were there any times in the six months before he got NC Health Choice that a doctor's office, clinic, hospital, dentist, or other health care provider refused to care for your son?

0. no 1. yes ➡ **If yes, please explain what your son needed, where you were refused care, and why.**

29. Were there any times in the six months before he got NC Health Choice that a doctor or other health care provider recommended follow-up care or other care for your son that you could not get? This could include medical, surgical, dental, mental health or any other care.

0. no 1. yes ➡ **If yes, please explain what your son needed and why you couldn't get it.**



Tell us about other health insurance your son had before he got NC Health Choice. Your answers will not affect your son's enrollment in NC Health Choice.

30. Did your son ever have health insurance before he got NC Health Choice?

1. yes 0. no ➡ **If you circled no, skip to question 35**

31. Please circle every type of insurance your son has ever had.

1. Medicaid
2. insurance that he got through my job or his other parent's job
3. insurance that I bought on my own
4. other (please describe) _____

32. Which was the most recent insurance your son had before he got NC Health Choice?

1. Medicaid
2. insurance that he got through my job or his other parent's job
3. insurance that I bought on my own
4. other (please describe) _____

33. When did that insurance end?

_____ Month _____ Year

34. Why did that insurance end?

1. my son no longer qualified for Medicaid
2. my employer or my spouse's employer dropped health insurance
3. I (or my son's other parent) dropped the insurance because it was too expensive
4. I (or my son's other parent) dropped the insurance because it didn't pay for enough services for my son
5. my son could not have other insurance and still qualify for NC Health Choice
6. I (or my son's other parent) changed jobs or lost jobs
7. other (please describe) _____

35. In the six months before he got NC Health Choice, did you limit your son's activities because he did not have health insurance?

0. no 1. yes ➡ ***If you circled yes, please explain.***

36. How did you learn about NC Health Choice?

1. from the Health Department
2. from another health care provider
3. from the Department of Social Services
4. from my child's school or day care provider
5. on the radio, television or from the newspaper
6. on posters or billboards in my community
7. from an 800 phone number I called for information
8. other (please tell us where) _____



**We want to make sure that our study includes families of all types.
Please answer the following questions to tell us about yours.**

37. Who filled out this survey?

1. Mother 2. Father 3. Other (*Who? For example, grandmother, friend, etc.*) _____

38. Please use this table to tell us about the members of your son's immediate family (mom, dad, brothers and sisters). We want to know their age and education, whether they have health insurance, and their employment. The grey row is an example of how to fill out the table using the mother as an example.

	Age Fill in the number of years	Health Insurance (write the number in the box) 0 none 1 insurance through work 2 insurance a parent bought on their own 3 Medicaid 4 Medicare 5 NC Health Choice 6 Other (<i>what kind?</i>)	Education (write the number in the box) 1 less than high school 2 high school graduate 3 some college 4 college graduate 5 postgraduate	Employment (write the number in the box) 1 does not work 2 works part-time 3 works full-time
This is an example				
Mother	_____ years			
Your son	_____ years			
Mother	_____ years			
Father	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			

Thank you very much for taking the time to complete this survey!

Please return it in the envelope provided to:

North Carolina Health Choice Survey
Sheps Center for Health Services Research
University of North Carolina
PO Box 16189
Chapel Hill, NC 27516-6189

(6/24/99)